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Application No. 09/915,672
Amendment Dated September 21, 2004
Reply to Office Action of June 22, 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/915,672

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Applicant : John M. Surwillo et al

) Aleshia Prange September 21, 2004
Aleshia Prange Date

Filed : July 26, 2001

Title : A Medical Testing
System with an
Illuminating Component
and Automatic Shut-Off

TC/A.U. : 3762

Examiner : Frances P. Oropeza

Docket No. : 31-CD-6181 (5024-
00106)

AMENDMENT

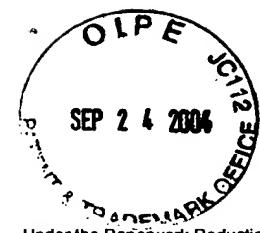
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Sir:

In response to the Office Action dated June 22, 2004, please enter the following in
the above-identified application:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks begin on page 4 of this paper.



PTO/SB/21 (02-04)

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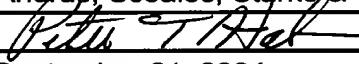
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		Application Number	09/915,672
		Filing Date	July 26, 2001
		First Named Inventor	John M. Surwillo et al
		Art Unit	3762
		Examiner Name	Frances P. Oropeza
Total Number of Pages in This Submission	9	Attorney Docket Number	31-CD-6181 (5024-00106)

ENCLOSURES (Check all that apply)

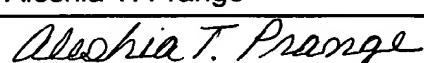
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter T. Holsen, Reg. No. 54,180 Andrus, Sceales, Starke & Sawall, LLP
Signature	
Date	September 21, 2004

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Signature		Date	September 21, 2004

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